

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	2					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	2					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.			IND.			IND.		
51	1								
52	1								
53	1								
54	1								
55	1								
56	1								
57	1								
58	1								
59	1								
60	1								
61	1								
62	1								
63	1								
64	1								
65	1								
66	1								
67	1								
68	1								
69	1								
70	1								
71	8								
72	8								
73	8								
74	Y								
75	8								
76	8								
77	1								
78	1								
79	1								
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.	18								
TOTAL DEP.	108								
TOTAL CLAIMS	123								